**Secretary of State Office** 

## **APPLICATION FOR**

500 E Capitol Ave Pierre, SD 57501 (605)773-4845		REINSTATEMENT DOMESTIC COOPERATIVE Please Type or Print Clearly in Ink Please submit one Original and one Photocopy FILING FEE: \$300 payable to SECRETARY OF STATE		
				Telephone #
1.	The name of the co	operative is		
2.	Note: This must be the exact cooperative name.  2. The effective date of its administrative dissolution  Any cooperative administratively dissolved may apply to the secretary of state for reinstatement within 2 years after the effective date of dissolution.			
3.	. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties.			
	Attached hereto a	are <b>ALL</b> delinquent <b>annual r</b> e	eports and filing fees.	
	By signing this have both the processed ele	s form, you agree to fee and the form ctronically. A fee of be assessed for	(Signature of an authorized of authorized o	officer)